



2008

QUARTER # _____

MAINE REVENUE SERVICES
EMPLOYER'S RETURN
OF MAINE INCOME TAX WITHHOLDING



* 0806220 *

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<p>Withholding Account Number: _____</p> <p>Period Covered: _____ - _____ - _____ to _____ - _____ - _____ MM DD YY MM DD YY</p> <p>Name and Address:</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ City State ZIP Code</p>	<p>A. Number of payees subject to Maine income tax withholdingA. _____, _____</p> <p>B. Check here if MRS granted an exception to report non-wage withholding detail annually on magnetic media. See instructions B. <input type="checkbox"/></p> <hr/> <p>1. Maine income tax withheld for this Quarter (from Schedule 2, line 11)1. \$ _____, _____, _____ . _____</p> <p>2. Less semiweekly payments (from Schedule 1, line 6)2. \$ _____, _____, _____ . _____</p> <p>3a. Amount due with this return (if line 1 is greater than line 2)3a. \$ _____, _____, _____ . _____</p> <p>3b. Overpayment to be refunded (if line 2 is greater than line 1)3b. \$ _____, _____, _____ . _____</p>
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Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Date: _____	Signature: _____	Title: _____	Telephone: _____
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Contact person e-mail : _____ Paid Preparer EIN: _____ - _____

Maine Payroll Processor License Number: _____

Make check payable to: Treasurer, State of Maine

Mail return and check to: Maine Revenue Services, P.O. Box 1061, Augusta, ME 04332-1061

For the Third Quarter Only: please check if applicable:

☐ I file my return electronically or my return is prepared by a tax preparer and I do not need Maine tax forms mailed to me next year.

CANCELLATION NOTICE

4. Check this box and complete the following section if your business is discontinued or the requirement to withhold permanently ceases ☐

Reason for Cancellation: _____

Business Sold to - Name: _____

Business Sold to - Address: _____

Telephone: _____

Last Payroll Date: / /

Date Sold: / /

Note: Use the Name and Address Change Form (Form 941/C1C-ME) to change your business name or address. This form is available at www.maine.gov/revenue (select “Forms, Publications & Applications” link, then select “Employment Taxes”).

Office use only PWD



Period Covered: - - to - -
MM DD YY MM DD YY

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* 0806224 *

For employers or non-payroll filers required to remit withholding taxes on a semiweekly basis.

[illegible]

5. Withholding Amount

6. Payment Amount

Total (Enter on Form 941ME,
line 2)\$, , .

SCHEDULE 2 (FORM 941ME Loose) 2008



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0806221

Name: _____

Withholding
Account No.: _____

Period Covered: _____ to _____
MM DD YY MM DD YY

Schedule 2 - Income Tax Withholding Listing

7. Name of Payee (Last, First, MI)	8. Social Security Number	9. Maine Income Tax Withheld during the Quarter
a. _____	_____ - _____ - _____	\$ _____ , _____ . _____
b. _____	_____ - _____ - _____	\$ _____ , _____ . _____
c. _____	_____ - _____ - _____	\$ _____ , _____ . _____
d. _____	_____ - _____ - _____	\$ _____ , _____ . _____
e. _____	_____ - _____ - _____	\$ _____ , _____ . _____
f. _____	_____ - _____ - _____	\$ _____ , _____ . _____
g. _____	_____ - _____ - _____	\$ _____ , _____ . _____
h. _____	_____ - _____ - _____	\$ _____ , _____ . _____
i. _____	_____ - _____ - _____	\$ _____ , _____ . _____
j. _____	_____ - _____ - _____	\$ _____ , _____ . _____
k. _____	_____ - _____ - _____	\$ _____ , _____ . _____
l. _____	_____ - _____ - _____	\$ _____ , _____ . _____
m. _____	_____ - _____ - _____	\$ _____ , _____ . _____
n. _____	_____ - _____ - _____	\$ _____ , _____ . _____
o. _____	_____ - _____ - _____	\$ _____ , _____ . _____
p. _____	_____ - _____ - _____	\$ _____ , _____ . _____
q. _____	_____ - _____ - _____	\$ _____ , _____ . _____
r. _____	_____ - _____ - _____	\$ _____ , _____ . _____
s. _____	_____ - _____ - _____	\$ _____ , _____ . _____
t. _____	_____ - _____ - _____	\$ _____ , _____ . _____
u. _____	_____ - _____ - _____	\$ _____ , _____ . _____
v. _____	_____ - _____ - _____	\$ _____ , _____ . _____
w. _____	_____ - _____ - _____	\$ _____ , _____ . _____

10. Total on this page. 10. \$ _____ , _____ , _____ . _____

11. Total for ALL pages (Enter here and on Form 941ME, Line 1)..... 11. \$ _____ , _____ , _____ . _____